

02-27-03

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PTO/SB/21 (08-08)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/015,355
Filing Date	December 12, 2001
First Named Inventor	Michael D. Hooven
Group Art Unit	3739
Examiner Name	Rosiland S. Kearney
Total Number of Pages in This Submission	*
	Attorney Docket Number
	HOOV 113

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Form PTO/SB/08A
<input checked="" type="checkbox"/> SECOND SUPPLEMENTAL Information Disclosure Statement	<input type="checkbox"/> Request for Refund	- 5 Patent References
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	- Certificate of Mailing
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	- Return Receipt Postcard
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	7 Sheets plus 5 Patent References	
By U.S. Postal Service Express Mail Label No. EV036906193US		

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

TECHNOLOGY CENTER R3700

Firm or Individual name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd. Gary W. McFarron, Esq. (Reg. No. 27,357)
Signature	
Date	February 25, 2003

### CERTIFICATE OF MAILING

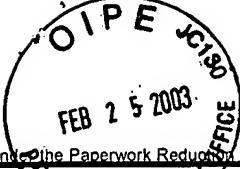
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February 25, 2003

Typed or printed name	Jeannie Rapstad
Signature	
Date	February 25, 2003

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# FEES TRANSMITTAL for FY 2002

*Patent fees are subject to annual revision.*

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

## Complete if Known

Application Number	10/015,355
Filing Date	December 12, 2001
First Named Inventor	Michael D. Hooven
Examiner Name	Rosiland S. Kearney
Group Art Unit	3739
Attorney Docket No.	HOOV 113

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number

50-1039

Deposit Account Name

Cook, Alex, McFarron, Manzo, Cummings &amp; Mehler, Ltd.

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge ~~any~~ ~~to the above-identified deposit account~~ ~~any~~ ~~underpayment of fees~~

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X =	=
			- 3** =	X =	=

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$ 0.00)			

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 180.00)	

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TECHNOLOGY CENTER R3700

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gary W. McFarron, Esq.	Registration No. (Attorney/Agent)	27,357	Telephone	(312) 236-8500
Signature				Date	February 25, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PATENT  
Attorney Docket No. HOOV 113

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE *JG*

In Re Application of: )  
Michael D. Hooven )  
Serial No.: 10/015,355 )  
Filed: December 12, 2001 )  
Group Art No.: 3739 )  
Examiner: Rosiland S. Kearney )  
For: TRANSMURAL ABLATION DEVICE )  
WITH GOLD-PLATED COPPER )  
ELECTRODES )

Commissioner for Patents  
U.S. Patent & Trademark Office  
Washington, D.C. 20231

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NAME Jeannie Rapstad

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TECHNOLOGY CENTER R3700

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Pursuant to 37 C.F.R. §1.97, Applicant hereby calls the Examiner's attention to documents listed on the attached form, which documents may be material to the examination of this application. A copy of each of the documents is enclosed herewith for the Examiner's consideration.

No inference should be drawn that any method disclosed is equivalent to the subject invention. Also, the citation of the above-discussed documents is not to be construed as an assertion that more pertinent art could not possibly be in existence.

Citation of any document herein is not to be construed as an

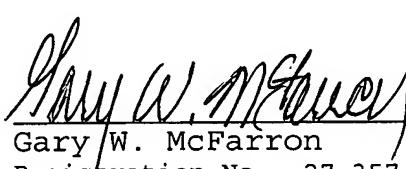
admission that any subject matter disclosed in the document is necessarily within the inventive field of endeavor, that any disclosure is necessarily prior in time to a particular date which may be relevant to the instant patent application, and/or that any disclosure is otherwise necessarily prior art with respect to the instant invention.

Applicant also respectfully reserves the right to later set forth how the instant invention is distinguished over the disclosure of any document or other art, including the disclosure of those documents discussed herein, that may be cited by the Examiner in rejecting a claim in the present patent application.

Enclosed is a check in the amount of \$180.00 to cover the required fee for submission of this Second Supplemental Information Disclosure Statement. Should an additional fee be required, authorization is hereby given to charge Deposit Account 50-1039. (A duplicate of Fee Transmittal Form PTO/SB/17 is enclosed herewith.)

Respectfully submitted,

Date: February 25, 2003

  
\_\_\_\_\_  
Gary W. McFarron  
Registration No.: 27,357  
COOK, ALEX, McFARRON, MANZO,  
CUMMINGS & MEHLER, LTD.,  
200 West Adams Street  
Suite 2850  
Chicago, Illinois 60606  
Phone: (312) 236-8500  
Attorneys for Applicant



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Attorney Docket No. HOOV 113

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Michael D. Hooven )  
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1. Transmittal Form PTO/SB/21 (1 sheet);
2. Supplemental Information Disclosure Statement (2 sheets);
3. PTO/SB/08A (1 sheet);
4. Five Patent References;
5. Fee Transmittal Form PTO/SB/17 (in duplicate, 2 sheets total);
6. Check No. 12355 in the amount of \$180.00;
7. Certificate of Mailing (1 sheet); and
8. Return Receipt Postcard.

Name: Jeannie Rapstad

Signature:

**(EV036906193US)**